

Candidate/signature (in ink)

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

FLECTION DEPT. SOMERVILLE, MA

Massachusetts	MA
le with: ity or Town Clerk or Election Commission Please print or type all	information, except signatures. ZOIZ JAN 19 A 8: 50
Fill in dates: Reporting Period Beginning // c	Year Month Date Year 2011 Ending December 31 2011
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding elect	tion □30 day after election ⊠year-end report □dissolution
Joan Whitney Ruglia Full Name of Candidate (if applicable) Alderman - Word 7 Office Sought and District 158 Powler House Blvd . Somewille Residential Address 617.7809756 Tel. No. (optional)	CTE Joan Whitney Puglia Alderman Want 7 Committee Name Alicia Lo2n Name of Committee Treasurer 158 Powder House Blvd Someraille, MA 02144 Committee Mailing Address Tel. No. (optional)
Line 1: Ending balance from pr Line 2: Total receipts this perio Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this Line 5: Ending balance (line 3 minu Line 6: Total in-kind contribution Line 7: Total (all) outstanding lial Line 8: Name of bank(s) used	d (page 2, line 11) \$ 567.66 period (page 3, line 14) \$ 28.60 as line 4) \$ 539.06 as this period (page 4) \$ 7500.00
france estivity including all contributions loans receints expe	it is, to the best of my knowledge and belief, a true and complete statement of all inditures, disbursements, in-kind contributions and liabilities for this reporting period he authority or on behalf of this committee in accordance with the requirements of as of perjury: $ \frac{1}{17} \frac{17}{2012} $ Date
FOR CANDIDATE FILINGS O	NLY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or on have not received any contributions, incurred any liabilities nor made any e Candidate without Committee OR Candidate with independent activity that I have examined this report including attached schedules and	If it is, to the best of my knowledge and belief, a true and complete statement of all behalf of this committee in accordance with the requirements of M.G.L. c. 55. I expenditures on my behalf during this reporting period. With filing separate report If it is, to the best of my knowledge and belief, a true and complete statement of all litures, disbursements, in-kind contributions and liabilities for this reporting period and authority or on behalf of this committee in accordance with the requirements of

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date Received	Name and Residential Address (alphabetical listing required)	An	ount	Occupation & Employer (for contributions of \$200 or more)
. :				
:				
Line 9: T	otal receipts in excess of \$50 (or listed above)			
Line 10: To	otal receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		0	00]	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Am	ount
11/1	Central Bank		Bank Fee	10	50
12/1	и		и	10	20
12/31	и		И	9	90
				»	
					-
				, ,	,
					į.
				am - 10 Again and State of	
		Line 12: E	xpenditures over \$50		
•		Line 13: E	xpenditures \$50 and under*	28	60
E	nter on page 1, line 4	Line 14: T	OTAL EXPENDITURES	28	60

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		m/a		
				·
		<u> </u>	In-kind over \$50	
	Enter on page 1, line 6		In-kind \$50 and under Total In-kind	-6-

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
4-2011	Joan Puglia	158 Pawder House Blud Somerville, MA	Loan to Compaign	7500.00
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	7500

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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